

WASHINGTON COUNTY



Selection of Focus Area

A list of health problems and access problems were initially developed by the Coalition for a Healthier Washington County in 1995 and revised and expanded in 1998-1999. The following health problems were identified: heart disease and stroke, substance use, family violence, cancer, mental health, maternal and child health, pneumonia, influenza, chronic respiratory disease, asthma, diabetes, Alzheimer's disease, dementia, HIV/AIDS, oral/dental health, and arthritis. In addition, the following access to health care problems were identified: transportation, service hours, lack of insurance, inadequate knowledge or motivation, and geographic distribution of services.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	127,350
White	91.7%
Other	8.3%

Estimated Population, by Age – 1998

Under 1	1,580	18-44	50,670
1-4	5,860	45-64	28,560
5-17	22,360	65+	18,320

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 450.6

Infant Mortality Rate 1995-1999 6.0

Estimated Mean Household Income – 1999 \$49,000

Estimated Median Household Income – 1999 \$42,400

Civilian Unemployment Rate, Annual Average – 1999 3.4

Labor force (Top 4) – 1995

Services	19,900	Government (Federal, Military)	9,600
Retail Trade	14,100	Manufacturing	8,800

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Reduction of Mortality Associated with Influenza and Pneumonia

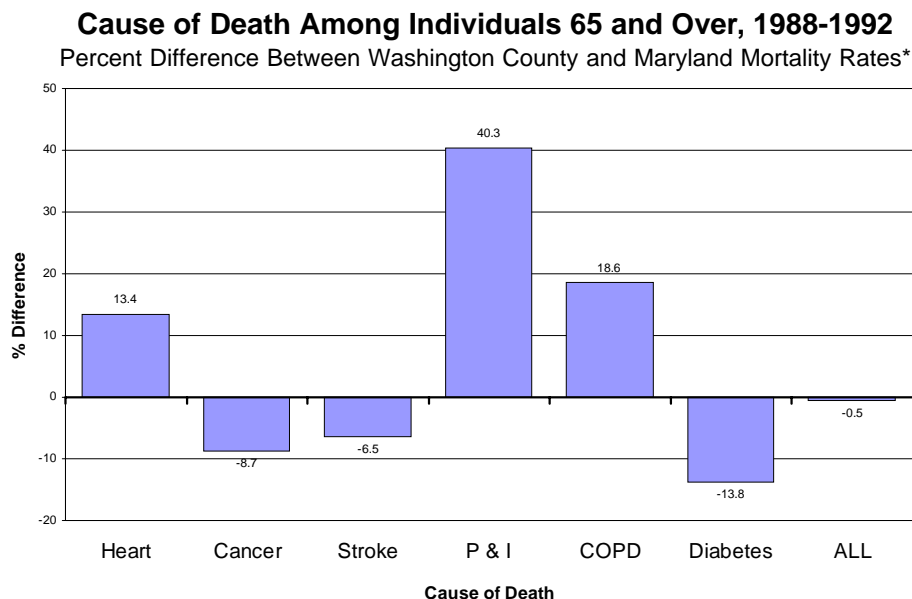
Problem

An important goal of the National Healthy People 2010 effort is to “prevent disease, disability and death from infectious diseases, including vaccine-preventable diseases.” In 1995 a health needs assessment carried out by the Coalition for a Healthier Washington County identified that the sixth leading causes of death in the County were influenza and pneumonia (Vital Statistics, 1989-1993). When cause of death was examined by age group, it was found that among the population age 65 and over, the influenza and pneumonia mortality rate per 100,000 population for 1988-1992 was 280.3, compared with 199.8 for Maryland (Vital Statistics and CDC, 1988-1992). This 40% higher rate was the largest difference between the County and the State for any specific cause of death in this age group. Data for deaths from pneumonia and influenza from 1993-1997 show that the mortality rate for these diseases has declined and the difference between Washington County and Maryland in the 65 and over age group has decreased but is still about 7% higher, at 217.7 versus 202.7 (Vital Statistics and CDC 1993-1997).

Determinants

Deaths from pneumonia and influenza predominately occur among the very young and the elderly. The frail elderly in nursing homes are particularly vulnerable. Washington County has a higher nursing home bed per 100,000 population ratio than the state as a whole, 978 compared with 588 respectively, which could partially explain the higher death rates for influenza and

pneumonia in the county (Maryland Health Resource and Planning Commission, 1997). Another determinant, which probably offers the greatest potential for intervention, is the percent of elderly and other high-risk groups in the county vaccinated against influenza and pneumococcal pneumonia. Influenza vaccine is administered on a yearly basis, while pneumococcal vaccine is currently administered once every seven to 10 years. The coverage rates of these vaccines in the population 65 and over in 1993 was 42% for influenza and 25% for pneumonia in Western Maryland compared with 50% and 39% for all of Maryland (BRFSS, 1993). Trends in these rates over time reveal that the difference between Washington County and Maryland was essentially eliminated between 1993 and 1997 for influenza vaccinations. Pneumonia vaccination rates for Western Maryland exceeded Maryland as a whole in 1995 and 1997.



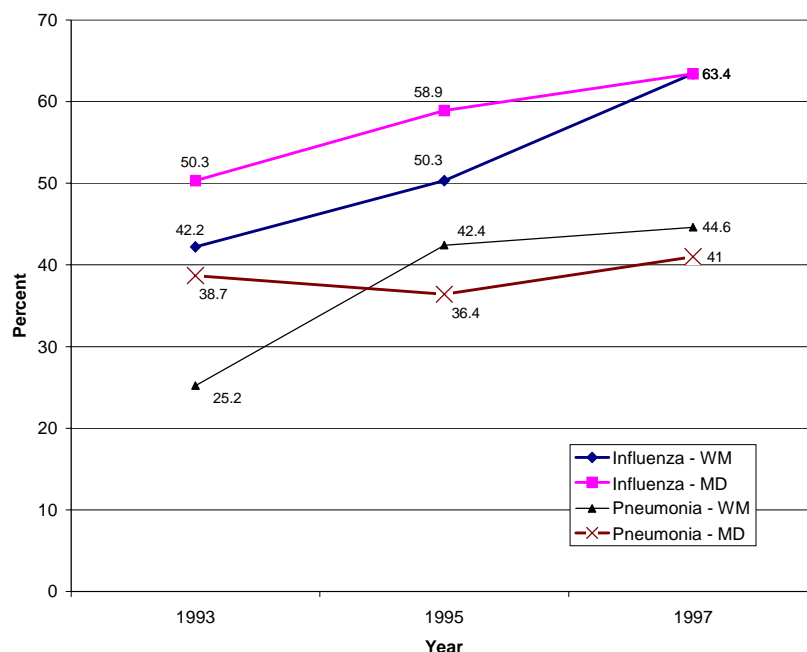
* Mortality rates are the average of deaths per 100,000 population 65 and over, 1988-1992.

Note: P&I = pneumonia and influenza, COPD = chronic obstructive pulmonary disease.

Source: DHMH Vital Statistics and CDC Mortality Statistics, 1988-1992.

As mentioned previously, the major population associated risk factor related to deaths from influenza and pneumonia is age. Assessment of death rates by race was only possible in the 65 years and older age group because of the small minority population in the county and the small numbers of deaths in other age groups. In this age group, data from 1979 through 1997 in Washington County (aggregated to have adequate numbers) did not show any significant disparities between races, at 216.7 per 100,000 for whites and 214.3 for African-Americans (Vital Statistics and CDC, 1979-1997).

Trends in Influenza and Pneumonia Vaccination Rates, 1993-1997
Western Maryland Region (WM) and all Maryland (MD) Rates for Individuals 65 and Over



Note: Rates are percent appropriately vaccinated.

Source: Maryland Behavioral Risk Factor Surveillance System, 1993-1997.

Washington County established a goal for the year 2000 to decrease the disparity between the county and the state death rates due to influenza and pneumonia in the age group 65 and older. The goal for 2010 is to lower both the overall adjusted death rate and the death rate among the elderly due to pneumonia and influenza below the comparable rates for Maryland and the U.S.

Based on the initial 1995 health needs assessment, the Coalition for a Healthier Washington County organized an interagency task group to improve the vaccination coverage rate for influenza and pneumonia. Targeting the fall of each year, starting in 1997, there has been increased community education, use of the media and attempts to make vaccinations more available and accessible. Evaluation of this effort is summarized in the figure above (vaccination coverage rates for Western Maryland). The activities of this task group have been sustained and will be important to continue and expand in order to assure achievement of the 2010 goal. Increased efforts to improve coverage with the pneumonia vaccine has been set as a priority for 2000-2001.

Objective 1 - By 2010, increase the annual influenza vaccination rate of individuals age 65 and over to at least 90% and the rate among other high-risk individuals to at least 60%. (Baseline: age 65 and older at 42%, 1993)

Objective 2 - By 2010, increase the rate of adequate pneumonia vaccination to at least 90% among individuals 65 and over and to at least 60% among other high-risk groups. (Baseline: age 65 and older at 25%, 1993)

Action Steps

- ⇒ Increase awareness among high-risk populations and the community as a whole of the need for adequate vaccination against pneumonia and influenza.
- ⇒ Provide better access to vaccination programs among the high-risk population and the community as a whole.
- ⇒ Improve influenza and pneumonia surveillance in high-risk populations and the community combined with appropriate follow-up and control efforts.
- ⇒ Expand the appropriate use of available anti-viral agents for influenza among at-risk populations and reduce the inappropriate use of antibiotics in the community in order to slow the development of antibiotic resistance among organisms that cause pneumonia.

Partners

Board of Education • Coalition for a Healthier Washington County • Housing Authority • Washington County Health Department • Washington County Health Systems • Washington County Commission on Aging

References

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Cross-Reference Table for Washington County	
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Child and Adolescent Health	33
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